



**APPLICATION FOR ACCREDITATION**  
OF ORTHOPAEDIC TRAINING PROGRAMS

**LETTER OF INTENT TO APPLY FOR ACCREDITATION**

I, \_\_\_\_\_, by the authority vested in me by the Governing Body / Medical Director / Chief of Hospital of \_\_\_\_\_ (Name of Hospital) hereby voluntarily apply for the accreditation of our Residency Training Program in

**ORTHOPAEDIC SURGERY**

We are fully aware that this application is on a voluntary basis, that the hospital authorities submit unconditionally for the inspection, review and survey of items pertinent to accreditation including physical plant, facilities and working staff of the hospital and that the hospital authorities are committed to abide by the decision of the Committee on Accreditation.

\_\_\_\_\_  
*Printed Name*  
*Chairman/Section Head*  
*Section/Department of Orthopedics*

\_\_\_\_\_  
*Printed Name*  
*Chairman, Department of Surgery*  
*(if applicable)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Signature)*

**NOTED AND APPROVED:**

\_\_\_\_\_  
*Printed Name*  
*Chairman, Governing Board or*  
*Chief of Hospital or Medical Director*

\_\_\_\_\_  
*(Signature)*

DATE: \_\_\_\_\_  
*(mm-dd-yyyy)*